



#15/A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): R. Rox Anderson *et al.*
Application No: 09/769,960 - 5919
Filing Date: January 25, 2001
Entitled: **Method and Apparatus for
Medical Treatment Utilizing
Long Duration Electromagnetic
Radiation**
Atty. Docket No: 105159-29

Conf. No. 5919
Group Art Unit: 3739
Examiner: David M. Shay

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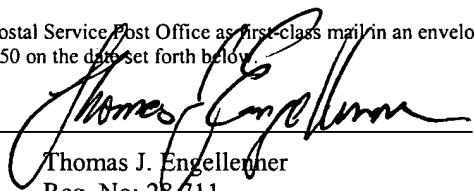
Certificate of Mailing (37 C.F.R. 1.8(a))

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December 2, 2003

Date of Signature and Mail Deposit

By:


Thomas J. Engellemer
Reg. No: 28,711

AMENDMENT AND RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Amendment and Response is submitted in response to the Office Action dated July 3, 2003. Please amend the above-referenced patent application as follows:

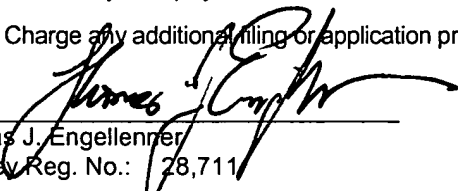
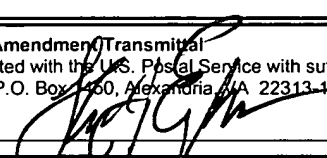
Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper. As indicated, please amend claims 13, 19, 21, 22, 23, 24, 42, 66 and 71 and cancel claims 14 and 15 as follows.

Remarks begin on page 17 of this paper.



\$ 3139

AMENDMENT TRANSMITTAL LETTER				Docket No. 105159-29	
Application No. 09/769,960 – Conf. #5919		Filing Date January 25, 2001		Examiner David M. Shay	
				Art Unit 3739	
Applicant(s): R. Rox Anderson, <i>et al.</i>					
Invention: METHOD AND APPARATUS FOR MEDICAL TREATMENT UTILIZING LONG DURATION ELECTROMAGNETIC RADIATION					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	70	- 72 =	0	x 9.00	.000
Independent Claims	11	- 11 =	0	x 43.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. <u>141449</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Thomas J. Engellenner Attorney Reg. No.: 28,711				Dated: <u>December 2, 2003</u>	
NUTTER MCCLENNEN & FISH LLP World Trade Center West 155 Seaport Boulevard Boston, Massachusetts 02210-2604 (617) 439-2948					
Amendment Transmittal					
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460, on the date shown below.					
Dated: December 2, 2003		Signature:  (Thomas J. Engellenner)			

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